

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8432	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name THOMAS G PRICE P.O. Box, Bldg., Room No., if any Street 412 39TH ST. City NIAGARA FALLS State NEW YORK ZIP Code + 4 14303	4. Name, file number, and address of labor organization. Name IRON WORKERS LOCAL 9 Labor Organization File Number 034859 P.O. Box, Building and Room Number, if any Street 412 39TH ST. City NIAGARA FALLS State NEW YORK ZIP Code + 4 14303
5. Position in labor organization. BUSINESS MANAGER, TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 5-11-06 Date	716-285-5738 Telephone Number

Name of Person Filing THOMAS G. PRYCE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name KARPOS INVESTMENT MGMT. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 183 SULLY'S TRAIL City PITTSFORD State NEW YORK ZIP Code + 4 14534		9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IRON WORKERS WESTERN NY FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3445 WINTON PLACE City ROCHESTER State NEW YORK ZIP Code + 4 14623		11.a. Nature of such dealing. INVESTMENT MANAGER 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. FOOTBALL TICKETS 12.b. Amount. 560